Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:				Note Search & Baser Star	
		IL6010144			02/24/2016		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		ALITY ALITY CONTRACTOR	
ELM BRO	OOK HEALTHCARE 8	DEUAD	T DIVERSEY ST, IL 60126				
		ELIVINOR	PROVIDER'S PLAN OF COR	RRECTION	(X5)		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE	
S 000	000 Initial Comments		S 000				
	First Probationary lof Ownership.	icensure Survey for Change	Linderschild and other property of the control of t				
S9999	9 Final Observations		S9999				
	medical record, for whether the reside therapeutic diet. The ordered. This requirement is Based on observational for the control of the contr						
	This applies to 1 o of 9 for therapeutic	f 1 (R3) reviewed in the sample					
	The Findings Inclu	de:					
	2015 according to diagnoses include according to the P September 29, 20	o the facility on September 3, the R3's Face Sheet. R3 chronic kidney disease hysician Order Sheet dated 15. The diet order is as follows texture and low potassium.					
	they don't know wi eat any of this. The wrong foods every his tray. R3's tray	016 at 12:22 pm, R3 stated "hat foods I can eat; look I can' ney have been serving me the since I got here, "pointing to contained stuffed peppers, eet and orange salad, and		Attachn Statement of Licer		ons	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 03/22/2016 FORM APPROVED

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_\_ 02/24/2016 B. WING IL6010144 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 127 WEST DIVERSEY **ELM BROOK HEALTHCARE & REHAB** ELMHURST, IL 60126 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 applesauce cake. "My doctor says I can 't eat anything high in potassium, it could shut my heart down." The facility's dietary spreadsheet dated 2015 and printed on October 6, 2015 at 1:53pm for week 2 (Monday) shows for those on renal diets they cannot have Stuffed Pepper; Seasoned Corn; Beet and orange salad; nor Applesauce cake. On February 23, 2016 at 12:20 pm, R3 's was served beef stroganoff, buttered noodles, dinner roll, California blend vegetables and chilled peaches. R3 stated "I can't eat any of this." The facility's dietary spreadsheet dated 2015 printed on October 6, 2015 at 1:53pm for week 2 (Tuesday) shows for those on renal diets they cannot have Beef Stroganoff, Buttered noodles, Dinner Roll, California blend vegetables, nor chilled peaches. The diet slips noted on the lunch trays on February 22 and 23, 2015 includes the resident's name, room number and the header "General Regular" diet. The diet slip under the subheading of "Dislikes" documents R3 is not to receive broccoli and cauliflower, which was observed on his tray on February 23, 2015 at 12:20 pm. R3's care plan initiated on December 08, 2015 shows R3 has chronic Kidney Failure. R3's care plan initiated on October 21, 2015 shows R3 receives a liberalized renal diet with regular consistency: no added salt and no tomatoes, baked potatoes, bananas, orange products and no cantaloupe. The intervention initiated on October 21, 2015 showed: prepare/serve the resident's nutritional diet as ordered and to watch specific food dislikes

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		IL6010144	B. WING		02/24/2016				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE						
ELM BROOK HEALTHCARE & REHAB  127 WEST DIVERSEY ELMHURST, IL 60126									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE				
\$9999	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		S9999						

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